

bmj.com news roundup

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Athletes risk their lives by use of drugs, says BMA

The use of performance enhancing drugs is so deeply entrenched in all levels of sport that one in three GPs is likely to encounter a patient who uses anabolic steroids, claims a report published this week by the BMA.

The report states that drugs are commonly used not only by elite athletes but also at recreational level throughout British gyms. For some athletes the motivation to take drugs is media pressure to win or huge financial rewards. For others it is simply to improve their body image. Some athletes have said they would take a drug to enhance their performance, even if there was a risk it might kill them.

The report raises concern at the easy availability of steroids through the internet or on the black market. Poor quality black market products have been linked to a number of cases of poisoning, infection, and mental illness, it states.

Mark Hunter *Leeds*

Drugs in Sport: The Pressure to Perform is available from BMJ Books, BMA House, Tavistock Square, London WC1H 9JP

US report calls for tighter controls on complementary medicine

Complementary medical treatments such as acupuncture, massage, and herbal and nutritional treatments must be evaluated with the same standards of quality, rigour, and ethics as conventional treatments, states the US Commission on Complementary and Alternative Medicine.

"First class scientific research is crucial to helping people—and those who care for them—make the wisest healthcare decisions," said Dr James Gordon, the commission's chairman.

The commission, established two years ago by President Bill Clinton, was charged with making legislative and administrative



Nigeria promises free antiretroviral drugs to HIV positive soldiers

Nigeria is soon to begin free distribution of antiretroviral drugs to its HIV positive soldiers. Announcing the plan, Nigeria's defence minister, retired general Theophilus Danjuma, said it was imperative for the Nigerian military to do everything it could to prevent the rise in HIV cases among the soldiers.

"Unless this is done, you have an army, navy, and air force that are invalids," he warned. He said that many of the soldiers contracted HIV during peacekeeping missions. Nigerian soldiers (pictured above in Sierra Leone) have been sent on such missions to several countries on the west African coast.

Although the Nigerian military has not introduced compulsory testing, the authorities routinely test soldiers who go on duty overseas.

Abiodun Raufu *Lagos*

recommendations to help develop public policies that would maximise the benefits, if any, of complementary medicine. It issued its report at the end of March and it can be accessed at www.whcccamp.hhs.gov

Charles Marwick *Washington, DC*

NHS misses target for introducing electronic records

The NHS has completely missed last month's target to introduce electronic patient records across a third of acute hospitals—much as the medical profession had predicted. Department of Health officials admitted this month that only 3% of acute hospitals had introduced level 3 electronic patient records by 31 March, compared with the target of 35% set in its 1998 information technology (IT) strategy, Information for Health.

No results have been released

for the other seven targets for March set in the 1998 strategy, suggesting that they are also showing disappointing progress.

A level 3 electronic patient record for a single episode of care would cover four areas: prescribing details, tests and procedures ordered, test results, and the "integrated care pathway"—to project manage the patient's care.

Katherine Burke *London*

WHO targets environmental impact on child health

A publication that looks at how the environment affects children's health will be released in Brussels on Monday (15 April), at the start of the European Commission's Green Week.

Children, it says, might be the "canaries in the coalmines"—the

first people to show adverse health effects resulting from environmental factors, with possible lifelong implications for adults and children.

The 225 page document, a collaborative venture between the WHO's Regional Office for Europe and the European Environment Agency, is intended to promote a better understanding of children's health issues relating to the environment among scientists and professionals working in child health and environmental protection.

It says that children are particularly vulnerable to environmental threats because they breathe, eat, and drink more than adults in proportion to their body weight; they may be exposed for a longer time to such threats at a time when they are more sensitive; and their metabolism differs from that of adults.

The publication reflects the WHO's decision at its third ministerial conference on environment and health in London in 1999 to prioritise children's particular vulnerability and helps prepare the ground for the next conference in the series, to be held in Budapest in 2004.

Rory Watson *Brussels*

Children's Health and Environment: A Review of Evidence can be accessed at www.who.it from 15 April.

Study associates viral infection with some childhood brain tumours

An epidemiological study carried out in the north west of England has shown for the first time that some types of childhood brain tumours may be associated with viral infection.

The study analysed 1045 cases of brain tumour in children, all from the Manchester Children's Tumour Registry and dating from 1954 to 1998. Results showed that more children who lived nearer to each other were diagnosed with two types of brain cancer—astrocytoma and ependymoma—than would have been expected by chance.

This pattern—known as “space-time clustering”—resulted in short lived mini-epidemics at various times. There was marked cross clustering between cases of astrocytoma and ependymoma, suggesting shared aetiological factors (*British Journal of Cancer* 2002;86: 1070).

Analyses of seasonal variation showed that more cases were found in children born in the late autumn or in winter. This may be because children are more prone to catch infections at these times.

Susan Mayor *London*

Dying woman may revoke her controversial suicide plans

A woman with terminal bowel cancer who reopened the euthanasia debate in Australia by going public with her plans to commit suicide may change her mind after all.

Nancy Crick (pictured below), who has been experiencing chronic pain, vomiting, and diarrhoea, said she might reconsider her decision if the palliative care and pain relief treatment offered by a Queensland hospital make her life more tolerable.



The 70 year old great grandmother has detailed her suffering and wish to die in a website (6 April, p 856).

Five years ago Crick could have requested physician assisted suicide. The neighbouring state to Crick's Queensland, the Northern Territory, became the first place in the world to legalise

euthanasia with the Rights of the Terminally Ill Act in 1996, but the law was overturned by the federal government nine months later. Crick wants it reinstated.

Christopher Zinn *Sydney*

See www.nancycrick.com

High Court quashes GMC verdict

A hospital consultant has won a High Court ruling quashing a finding of serious professional misconduct against him by the General Medical Council on the grounds that it was irrational and perverse.

Mr Justice Turner ruled that Jeffrey Cream's decision to pass on concerns that a member of an appointments committee might be biased did not amount to misconduct at all.

Dr Cream, a consultant dermatologist at Chelsea and Westminster Hospital, London, was due to sit on a committee interviewing candidates for a new consultant post when a colleague, Professor Pauline Dowd, told him she had been given some information about another panel member. She said that Dr Tony Chu had received research funds from a family trust, one of whose trustees was related by marriage to a candidate for the post.

Dr Cream took no action until the day before the interviews were to be held, when Professor Dowd sent him photocopies of pages from Dr Chu's diary that seemed to support her claim. Dr Cream spoke to the Medical Defence Union and then to his chief executive, who advised him to report the allegation to the chairman of the interviewing panel. In fact the entries referred to another trust with a similar name.

Mr Justice Turner said the professional conduct committee had made a fundamental error in failing to recognise that until Dr Cream had received the diary pages he was under no obligation to investigate what at that stage was merely gossip. Once he had received specific information, he followed the spirit of the GMC's guidelines on good practice.

Clare Dyer *legal correspondent, BMJ*

Scotland to start screening programme for diabetic retinopathy

Bryan Christie *Edinburgh*

Scotland is planning to introduce what is said to be the world's first national screening programme for diabetic retinopathy, to help prevent a condition that can damage eyes and lead to blindness.

The Health Technology Board for Scotland has produced recommendations on how the programme should be organised, and an implementation group has been set up to work with Scottish health boards on its introduction. The programme will be based on an annual eye examination that will be offered to all 150 000 people in Scotland with diabetes.

The tests will use digital cameras to examine the condition of the retina, which will enable four out of five patients to be screened without the discomfort and inconvenience of eye drops. Screening will be offered in a range of venues—from mobile vans to hospital clinics—and by community optometrists.

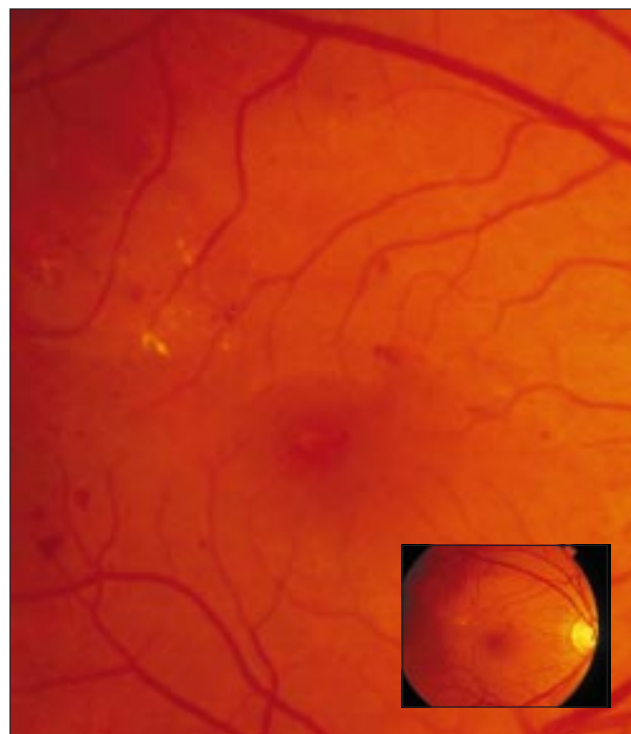
Local screening programmes are in place in a number of countries, but Delia Henry, the Scottish manager of Diabetes UK,

said: “We are not aware of any other country that has developed a national screening strategy. Our understanding is that this will be the first, and we really welcome it. It is a significant step forward.”

A survey conducted by the board found wide variation in the current provision of diabetic retinopathy screening in Scotland, with only around half of people being screened. In some cases the screening was found to be not as regular or as effective as it should be. The new programme will develop a diabetic registry and operate a call and recall system to ensure that all patients with diabetes are offered regular screening.

It is estimated that the programme will cost £4.3m (\$6.2m; €7.0m) to establish and £2.4m to operate in subsequent years. The cost per patient screened will be less than £22. It is estimated that at any one time 5-10% of people with diabetes will have retinopathy that needs further examination or treatment. □

The board's recommendations are available at www.htbs.org.uk



Diabetic retinopathy: early macular changes